

INFORMATION FOR JOB APPLICANTS AT THE SOUTH MISSISSIPPI REGIONAL CENTER

NAME: _____ SSN: _____

1. Write or print English language legibly. Failure to print legibly may delay the application process.
2. Appropriate proof of education is required to process an application. If the name on the education Document varies from the applicants current legal name, documented proof of the name change is required (marriage license, name change decree, adoption decree, etc.).
3. Reliable transportation is required.
4. TO BE ELIGIBLE FOR EMPLOYMENT, an applicant must have A VALID STATE ISSUED PICTURE I.D., OR A VALID DRIVER LICENSE AND ORIGINAL SOCIAL SECURITY CARD.
5. NEW EMPLOYEES MUST WORK ON THEIR ASSIGNED POSITION AND SHIFT FOR SIX (6) MONTHS BEFORE BEING ELIGIBLE FOR TRANSFER.
6. Direct Deposit is mandatory.
7. **Must be able to perform the essential functions of the job to be considered for employment.**

ESSENTIAL FUNCTIONS OF THE JOB FOR ALL SMRC WORKERS

Physical Requirements: These physical requirements are not exhaustive and additional job related physical requirements may be added to these by SMRC on an as needed basis. Corrective devices may be used to meet physical requirements.

Moderate Work: May frequently exert force equivalent to lifting up to approximately (25) twenty-five pounds. Must be able to apply safe lifting techniques as taught by SMRC instructors.

Vision: Requires the ability to perceive the nature of objects by the eye.

Near Acuity: Clarity of vision at 20 inches or less.

Midrange: Clarity of vision at distances of more than 20 inches and less than 20 feet.

Accommodations: Ability to adjust focus.

Speaking/Hearing: Ability to give and receive information through speaking and listening skills.

Motor Coordination: While performing the duties of this job you will be regularly required to walk; use hands to finger, handle or feel objects or controls and reach with the hands and arms. Also, you will be frequently required to stand. Occasionally be required to sit; and stoop, kneel, crouch or bend.

Smell: Ability to the sense of smell to recognize and distinguish odors.

I have read the above Physical Requirements for the position of _____ and attest by my signature below, that I am able to perform these essential functions of the job with or without any special accommodations.

8. MH-Direct Care Worker Applicants ONLY

Please rate your preference to work the shifts below. Please note that staff must be available to work any shift and location as needed at any time coverage is short, or where the need is greatest.

1= 1st preference; 2= 2nd preference; 3= 3rd preference; 4= 4th preference.

1st Shift 6:00 a.m. to 2:30 p.m. _____ 2nd Shift 2:00 p.m. to 10:30 p.m. _____

3rd Shift 10:00 p.m. to 6:30 a.m. _____ 4th/DH Shift 11:00 a.m. to 7:30 p.m. _____

No Preference _____

DIRECT CARE WORKERS WHO CANNOT SUCCESSFULLY QUALIFY FOR A DIRECT CARE WORKER ADVANCED AFTER THE THREE (3) MONTHS OF TRAINING AND SCHOOLING WILL BE TERMINATED.

To be considered for employment applicants must complete an "EXPERIENCE AND TRAINING RECORD" in the Human Resources Office. The applicant must complete an application without help.

Signature _____

SOUTH MISSISSIPPI REGIONAL CENTER

Reference Check and Consent Form

I, authorize South Mississippi Regional Center to contact the persons or organizations listed below for the purposes of obtaining current and previous employment reference information including information contained in my personnel file(s). These persons are authorized to disclose such information:

Name	Company	Phone Number

Does/did the candidate maintain a good attendance record? If not please describe the problem.

Are there/were there any issues with punctuality? If so, please describe the problem.

Why did the candidate leave your employment?

Is there anything else significant that we should know in considering this candidate for the position of Direct Care Trainee or taking care of individuals with Intellectual Disabilities?

Would you re-employ?

☐ Yes

☐ No

If no, please explain why.

Should we call you for additional information? If so, please provide a contact number.

Applicant's Printed Name

Date

Applicant's Signature

Interviewer's Printed Name

Date

Interviewer's Signature

South Mississippi Regional Center Applicant Questionnaire

1. Have you ever been employed with any of the following **Department of Mental Health** agencies?

Please circle yes or no

Mississippi State Hospital	Y	N	North Mississippi Regional Center	Y	N
Hudspeth Regional Center	Y	N	South Mississippi Regional Center	Y	N
Boswell Regional Center	Y	N	Central Mississippi Residential Center	Y	N
Ellisville State School	Y	N	Mississippi Adolescent Center	Y	N
East Mississippi State Hospital	Y	N	North Mississippi State Hospital	Y	N
			Specialized Treatment Facility	Y	N

Employees are charged with the care and safety of vulnerable adults. In an effort to assure the safety of consumers, all employees are subject to background checks and fingerprinting for any relevant criminal activity. Negative results of a background check or fingerprinting can result in immediate dismissal or refusal to employ.

2. Have you ever been convicted of a criminal act? ☐Yes ☐No

If yes, please explain:

3. Have you ever pled no contest, guilty, or been found guilty of a crime? ☐Yes ☐No

If yes, please explain:

4. Have you ever been convicted of child abuse or neglect? ☐Yes ☐No

If yes, please explain:

5. Have you ever been convicted of driving under the influence of drugs or alcohol? ☐Yes ☐No

If yes, please explain:

6. Have you ever been convicted of a traffic violation? This includes speeding, driving with a suspended or revoked license, careless driving, reckless driving, failure to yield to blue lights, failure to dim lights, no insurance, expired tag, expired inspection sticker, etc. No matter how long ago the offense was, please mark yes and list the offense below. ☐Yes ☐No

If yes, please explain:

**South Mississippi Regional Center
Applicant Questionnaire**

7. Have you ever been convicted of possession, use, or sale of narcotics? ☐Yes ☐No
If yes, please explain:

8. Have you ever been convicted or pled guilty in any court of this state, another state, or in federal court of any felony in which public funds were unlawfully taken, obtained, or misappropriated in the abuse or misuse of your office or employment or money coming into your hands by virtue of your office or employment? ☐Yes ☐No
If yes please explain:

9. If you have long periods of time between jobs (any gaps in employment), please explain.

10. How did you learn about this position at South Mississippi Regional Center?

Applicant Name

Date

Signature

Witness Name

Date

Signature

Applicant Name: _____ SSN: _____
(Please Print)

Applicant Signature: _____ Date: _____

South Mississippi Regional Center

**Acknowledgment of the
Department of Mental Health
Fingerprinting and Background Checks Policy**

I hereby acknowledge receipt of a copy of the *Department of Mental Health Fingerprinting and Background Checks Policy*. I further understand that I am responsible for reading this policy and adhering to all requirements as contained therein. I further understand that as an employee of the South Mississippi Regional Center it is required that I submit to fingerprinting and such fingerprints will be submitted to the Mississippi Department of Public Safety and if no disqualifying record is found, these fingerprints will be submitted to the FBI by the Department of Public Safety. I further understand that it is the right of the Department of Mental Health to require fingerprinting and a records check as a condition of employment. My failure to comply with this request will cause my employment to terminate.

The South Mississippi Regional Center is required to ensure that any information received will be maintained in strict confidence and will be destroyed after thirty (30) days. With the exception of any felony conviction record, only job related information would disqualify anyone from employment.

I further understand that I have the right to challenge within fourteen (14) calendar days, the accuracy and completeness of any information received by the South Mississippi Regional Center as a result of the fingerprint check. I also understand my right to challenge, within fourteen (14) calendar days, the decision of South Mississippi Regional Center to terminate my employment based upon the results of such a check.

My signature below is authorization for my submitting to fingerprints and such prints forwarded to the Mississippi Department of Public Safety and the FBI.

Witness: _____

**SOUTH MISSISSIPPI REGIONAL CENTER
FINGERPRINTING AND BACKGROUND CHECKS POLICY**

To ensure compliance with state law South Mississippi Regional Center shall obtain fingerprints and request background information on employees, potential employees, volunteers and potential volunteers who have or may have unsupervised access to a client served by South Mississippi Regional Center.

It shall be the policy of South Mississippi Regional Center that our facility follow the prescribed procedures in the firing and retaining of employees or approving and retaining volunteers who will have direct access to clients.

Procedure:

- I. Each employee, potential employee, volunteers and potential volunteer shall be fingerprinted by local law enforcement, with the results being forwarded to the Department of Public Safety.
- II. If no disqualifying record is identified at the state level, the fingerprints shall be forwarded by the Department of Public Safety to the FBI for national criminal history record check, the cost of which will be borne by South Mississippi Regional Center.
- III. No employee, potential employee, volunteer and/or potential volunteer who has a criminal history of conviction or pending indictment of a crime, whether misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of clients as specified in Section 45-31-12(5) of the Mississippi Code shall be employed or volunteer in a residential setting for clients.
- IV. Current employees and volunteers and prior to the offering of a position, potential employees or volunteers shall be advised:
 - A. That each person shall be fingerprinted
 - B. That such records check shall be requested
 - C. That the potential employee or volunteer must authorize fingerprinting and a records check in writing
 - D. That it is the right of the Department of Mental Health to require fingerprinting and a records check as a condition of employment or approval as a volunteer
 - E. Of the right to challenge, within (14) calendar days, the agency's decision to refuse to hire or to terminate a person based on the results of such check.
- V. No information received shall be re-disseminated to the fingerprinted person or any other employee not authorized by personnel, except as required by other pertinent law, and/or to inform the person of a negative result of such check.
- VI. All records shall be received from the FBI via a secure fax machine or other secured means and shall be retained in a secure place for a minimum of thirty (30) days from the time the decision of whether or not to hire is made. After thirty (30) days, the records must then be destroyed by means of shredding.